

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H90999

(4)

1. Corporation Name

R. MILTON ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% ROBERT M. MILTON  
19800 SANDPOINTE BAY, #310  
TEQUESTA FL 33469

% ROBERT M. MILTON  
19800 SANDPOINTE BAY, #310  
TEQUESTA FL 33469

3. Date Incorporated or Qualified  
12/20/1985

3a. Date of Last Report  
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 19800 n.US. Hwy #1

26 19800 n.US. Hwy #1

4. FEI Number

59-2636429

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. #310

27 Apt. #310

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State  
Tequesta, FL

28 City & State  
Tequesta, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip  
33469

25 Country  
USA

29 Zip  
33469

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILTON, ROBERT M  
19800 SANDPOINTE BAY, UNIT 310  
TEQUESTA FL 33469

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

19800 n.US.Hwy. #1

83

Apt. #310

84

City Tequesta

FL

85 Zip Code

33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME MILTON, ROBERT, DR.  
STREET ADDRESS 19800 SANDPOINTE BAY 310  
CITY-ST-ZIP TEQUESTA FL

TITLE SVD ☐ DELETE

NAME MILTON, MARY  
STREET ADDRESS 19800 SANDPOINTE BAY 310  
CITY-ST-ZIP TEQUESTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

19800 n.US.Hwy #1,Apt.#310  
Tequesta, FL 33469

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

19800 n.US.Hwy #1, Apt.#310  
Tequesta, FL 33469

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert M. Milton

Robert M. Milton

Date

3/9/96

Daytime Phone #

407-747-0051

CR2E034 (12/95)